

Press Clippings.—Some news items from the daily press on matters related to medical practice, follow:

Fight on Budget Opens*

Sacramento, March 29.—Governor Olson's \$557,000,000 state budget for the 1939-1941 biennium became the center of bitter controversy today when the Assembly began debate upon the budget bill. . . .

The budget debate will be resumed tomorrow. One item under fire tonight when the session ended was that for \$200,000 for the compulsory health insurance program. Republican Assemblyman Melvin I. Cronin, San Francisco, and his colleagues of the minority party, contend that this item does not belong in the budget bill. They insist that the Legislature should first express itself on the compulsory health insurance question.

"The Ways and Means Committee," declared Cronin, "doesn't know how this item was arrived at and nobody else seems to know it either. This is the opening of a back-door assent to the passage of a bill not yet before us and probably will need a million dollars if the program is approved. . . .

The minority report was signed by Assemblymen Gerald C. Kepple, Whittier, Charles W. Lyon, Los Angeles, and Clarence R. Walker, Westmoreland.

Without a substantial increase in taxation or a reduction in expenditures it is possible the state will face an estimated general fund deficit as of June 30, 1941, of at least \$76,000,000," the minority report declared in urging cuts in the budget.

"The budget presented by the Governor to the Legislature proposed expenditures amounting to \$629,272,874, of which \$557,163,355 is to be financed through direct state resources, and \$72,109,519 is to be financed through Federal grants," they declared.

The minority group outlined various proposed reductions in the budget, including cutting out the \$500,000 for a proposed new psychiatric hospital on the property owned by the University of California adjacent to its medical school in San Francisco.

"We believe that departmental expenditures should be checked," the three Republicans reported.—*San Francisco Chronicle*, March 30.

Olson Budget†

Examiner Bureau, Sacramento, March 29.—Governor Olson's \$557,000,000 budget, calling for the largest spending program in the history of California, was given a baptism of fire late today when the Assembly, sitting as a committee of the whole, opened official debate on the supporting appropriation bill.

Republican members of the bipartisan economy bloc led the onslaught on the budget.

One-Man Job

They drew from Democratic Ben Rosenthal, Chairman of the Ways and Means Committee, these significant admissions:

"1. The budget is strictly a one-man document, and Governor Olson is the sole author. He is the only man who holds all the threads, the only man whose advice was heeded by the committee in sending out the bill with a do-pass recommendation.

"2. The committee made no change in the record-high budget asked by the new executive, and for the first time in California's history, sent a budget to the floor of the Assembly without the reduction of so much as one cent.

Study Limited

"3. The committee spent a total of only thirty-three hours in studying the budget—an average of nine minutes for each of the maze of separate items. Many department heads, whose departmental expenditures run high into the millions, never appeared before the committee to justify or explain their budget requests.

"4. With only a few exceptions that could be counted on the fingers of one hand, every department asked and received an increase, some running as high as 494 per cent."

After two hours of debate, Democratic Floor Leader Alfred W. Robertson moved that the discussion be closed until a later date, and the motion was passed. The entire time today was spent in going over the budget, item by item, with Assemblyman Rosenthal and Fred Links, head of the budget division of the Department of Finance, trying to answer legislators' questions. . . .

Typical of the debate today was an interchange between Rosenthal and Assemblyman Melvyn I. Cronin of San Francisco.

Governor Says So

Cronin sought enlightenment on a \$200,000 item set up for the initial financing of a compulsory health insurance

program—a "must" item on the Administration's docket. A bill providing for such insurance is now pending, but no action has been taken. Cronin wanted to know why the \$200,000 was included in the budget.

"The Governor appointed a committee of citizens to conduct a study of this question, and we will hold a hearing on April 20 on the bill," replied Rosenthal.

"But who appeared before your committee in support of the bill and told you \$200,000 was needed?" asked Cronin.

"It was explained in the Governor's budget," said Rosenthal. "Isn't that enough? This is the amount he says is needed to get it going. If the bill falls, we can't touch the \$200,000."

"I still cannot understand how this money could be set up in the budget under any safe or sane policy," Cronin insisted. "I don't believe you know, or the Governor knows, or anybody else knows, whether \$200,000 or any other sum was needed."

Through Back Door

Pinned down for a definite answer, Rosenthal had no explanation other than that "the Governor set the amount down in the budget." Rosenthal admitted he could not say whether any California physician or surgeon had been consulted about the plan.

"This is a back door to legislation of which we may not approve in the final test," Cronin charged.

Prelude to Battle

"I think it ought to be taken out of there, and attached to the compulsory health insurance bill itself if that bill passes. If I understand the opinion of members of the Legislature, the compulsory health insurance bill will not pass."—*San Francisco Examiner*, March 30.

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Attack on Budget Which Brought \$200,000 Reduction.*

Sacramento, March 30.—Governor Olson soon will order a shakeup in the State Relief Administration. . . .

This is the word that went the rounds of the Capitol tonight, following a dinner caucus between the Governor and members of his official family and the Democratic majority members of the Assembly.

The dinner, at which those present were pledged to secrecy, was held at the Del Paso Club two hours after the Governor's lieutenants in the Assembly had made their first concession to the Republicans, fighting to reduce the \$557,000,000 state budget, by agreeing to lop off a \$200,000 health insurance program item from the budget bill.

Stand Is Changed

The Governor previously had notified the Democratic majority he wanted "no change" in the budget. . . .—*San Francisco Chronicle*, March 31.

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Clinic Plans to Be Discussed

Legislation to Check Communicable Diseases Also Will Be Studied Saturday

Plans for the new San Francisco venereal disease clinic will be discussed on Saturday by Lawrence Arnstein, health advisory board, and Dr. George Becker, director of communicable diseases, at a meeting of the Northern California Public Health Association in Sacramento.

Legislative bills requiring physical examinations, including blood tests before marriage, will be discussed by Dr. Nathan C. Hale, Sacramento physician, and Miss Eloise Hafford, executive director of the Southern California Society for the prevention of syphilis and gonorrhea. Public health workers in central and northern counties will also attend the meeting.

Other speakers will be W. F. Higby, secretary, Western States Division, American Social Hygiene Association; Dr. N. N. Ashley, Oakland city health officer; Dr. Philip Condit, state physician; Dr. H. C. Pulley, state physician; and Dr. Malcolm H. Merrill, Chief, Bureau of Venereal Diseases, State Department of Public Health, who will also be chairman of the meeting.—*San Francisco News*, February 23.

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School Named for Doctor Widney

New Structure to Honor Medical Dean

The Board of Education last night gave the name "Dr. Joseph Pomeroy Widney High School" to the Crippled Children's High School, located on the grounds of Polytechnic High School, Twentieth Street and Grand Avenue.

The structure was completed last year at a cost of \$100,000.

The late Doctor Widney was the founder of the old College of Medicine of the University of Southern California, was the dean, and later, president of the University. He was also the motivating spirit among the founders of the Los Angeles County Medical Association.—*Los Angeles Times*, March 10.

* By Earl C. Behrens.

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† By R. W. Jimerson.

Cut Sought in San Francisco's Municipal Health Service Cost

With a view to increasing efficiency and cutting costs of the Municipal Health Service, Cameron King, President of the Board of Directors, today planned to confer with Dr. J. C. Geiger, Director of Public Health.

The meeting was arranged after a conference with Chief City Administrative Officer A. J. Cleary, when King said more space for clerical help was needed and suggested room might be found in the Health Center building.

\$18,000 Deficit

King moved to reduce overhead, now running about 14 per cent, when audits of service funds disclosed an \$18,000 deficit for January, and a survey of clerical procedure showed low efficiency and much overlapping of duties.

"While I cannot act in an official capacity, I am ready and willing to cooperate with this service. I hope that it will prove a success and I see no reason why it should not succeed," Cleary said.

King announced that the \$18,000 deficit will necessitate a cut of about 50 per cent in January payments to physicians.

"Brighter Outlook"

"February outlook is far brighter," King announced. "There will be no increase in deductions from salaries paid by members.

"Summer months will create surpluses and the outlook is that all physicians will eventually receive their full unit payments."—*San Francisco Call-Bulletin*, March 10.

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Doctors Get \$20,000 From San Francisco City Health Plan

Checks totaling around \$20,000 were mailed out to San Francisco doctors last night by the city employees' Health Service System in payment of January bills.

Because of the prevalence of colds and other ailments in that midwinter month, bills were above revenues from employees' pay deductions and were paid on a 50 per cent basis, it was said.

Under the unit plan agreed to by the 1,100 doctors on the System's panel, administration expenses, hospital and laboratory expenses are paid in full, then the remainder funds may be distributed among the doctors in proportion to the number of units of service given members.

A unit is normally one dollar's worth of service. During the first three months of operation of the System the doctors were recompensed in full, at the rate of \$1 per unit. When January bills began coming in, it was recognized that the Board would have to resort to its right to make pro rata payments under the unit plan.

Toward the close of January, Dr. Walter B. Coffey, Medical Director of the System, addressed a letter to all members of the medical staff asking their cooperation in keeping bills down by eliminating unnecessary calls on patients. As a result of that letter and improved health conditions, February bills are expected to be paid at a much higher rate per unit, if not in full.

Shortages in payments to doctors for any month may be made up in succeeding months, according to the plan agreed to by the employees' board and the medical staff. At the end of a year, it was agreed, there could be a review of results to ascertain if there should be any changes in fee schedule for doctors or contributions by members.

Members now pay \$2.50 per month for adults, \$1.25 for a single minor dependent in a family, \$1 each where there are more than one. Except for certain exemptions, membership in the System is compulsory, or a condition of employment, for city employees, voluntary for dependents.

Detailed figures on operations during January are to be released by the Board within a few days. The Board met in special session Thursday to authorize the 50 cents per unit payment of January bills.—*San Francisco Chronicle*, April 1.

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Doctor's Ruling Balks Nazis

Adolf Hitler's political edict last September 30, revoking medical licenses of Jewish doctors in Germany, will not bar emigrant Jewish doctors who began their internships in California prior to the decree, from obtaining California medical licenses.

Attorney-General Earl Warren made this ruling today in an opinion requested by Dr. Charles B. Pinkham, Secretary of the California Board of Medical Examiners.

"A political edict is no bar," Warren ruled, "if the applicants comply with other requirements."

Doctor Pinkham announced he would seek another ruling from the Attorney-General on doctors who began their internships after the decree went into effect.—*San Francisco Call-Bulletin*, March 10.

Precaution—Any Method to Curb Dope Traffic Is Good

Pending in the Legislature is a measure which is aimed at making it more difficult for narcotic addicts to obtain dope by forging physician's names to prescriptions.

It is encouraging to learn the number of addicts in the United States has decreased in recent years. This reduction of victims of narcotics is due largely to the enforcement by State and Federal authorities of the laws against the illicit sale and use of drugs, and to the institutions established by the Federal Government and by such states as California to cure addiction.

But the vicious habit must be eradicated entirely.

Since the bill presented by Assemblyman Edward F. O'Day of San Francisco, providing that prescriptions be issued in triplicate, has the support of Paul Madden, Chief of the State Division of Narcotic Enforcement, the State Board of Pharmacy and the California State Medical Association, the Legislature should pass it unanimously.—*San Francisco Examiner*, March 17.

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New Physicians' Service Soon to Be Ready

Doctors Sign Up Rapidly, President Wilbur Reports

Registration of licensed doctors of medicine at the rate of more than 500 a day for the new California Physicians' Service is reported by Dr. Ray Lyman Wilbur, president of the service, which is being organized as a result of action taken recently by the State Medical Association.

This response has advanced the time at which this group prepayment medical, surgical and hospital service can be offered the public, Doctor Wilbur said today. "It exceeds our anticipations," he added, "and we will be able to proceed to the next step, the enrollment of beneficiary, or patient, members very shortly."

The service, which permits wage-earning and other groups to pay small sums monthly, in return for which the members receive care by the doctors and hospitals of their own choice when needed, was launched officially only a week ago, when invitations to become professional members were sent to all doctors of medicine in the state.

Doctor Wilbur points out that the California Physicians' Service is similar to plans successfully operated for several years in Seattle and in Oregon.

Present headquarters are at 220 Montgomery Street, San Francisco, but additional offices will be established in Los Angeles and elsewhere throughout the state.—*Palo Alto Times*, March 13.

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Comments and Cacophony

The medical profession is not getting a square deal from the public. Just when the surgeons and the doctors arrive at the point where they can find out what's the matter with us—and cure it—along comes the politicians and begin their campaign for state medicine, to take the profit out of the profession. When I was a lad, you died of almost anything except chills and fever—and with that, you wished you could die.

Anything inside of you was as much of a mystery to the doctor as the contents of a can of sardines. Doctors could give you a hypodermic to ease the pain and a dose of calomel to "open the bowels"—and then "salivate" you if you happened to eat something containing too much acid—but if you got smallpox, it was luck if you got through, and if you had gall-stones or appendicitis, nobody knew what it was, or, if they did, very few knew what to do about it.

Nowadays, if you have any of these ailments and others too hard to spell, all they do is hold a consultation over you, put you to sleep with an anesthetic if you have a good heart or administer a "local" if the heart's not so good, and relieve you, and you generally get well and if you don't "live happily ever after" you usually live long enough to pay the bill, and your share of taxes.

You are now successfully inoculated or vaccinated against smallpox, diphtheria, scarlet fever and other ills and ailments that used to make life a dreadful lottery and keep humans forever wondering if a new "symptom" was but a prelude to a funeral.

Yellow fever and malaria have been outlawed by getting rid of the mosquitoes, and even the South's "poor white trash" no longer keeps out of work by pleading "chills and fever."

Altogether the doctors have contributed more for the enjoyment of life and to the progress of humanity than any other class of people, and, while they may give a prescription for a little chocolate-colored water occasionally to a chronic complainer, it's because he or she insists on attention and would go somewhere else to get it if not accommodated and charged for it.—*Lompoc Record*, March 10.

County Physicians Vote Medical Plan

*New Service Endorsed by Large Group
Ten Thousand Doctors May Help Wage Earners*

Without dissent, the Orange County Medical Association at a regular meeting in the chapel of Orange County Hospital, last night, voted to endorse and accept the California Physicians' Service, a plan to provide at the lowest possible cost the benefits of medical, surgical and hospital care to California wage earners.

The plan was endorsed by the California State Medical Association at a special meeting in Los Angeles last December and is the outgrowth of ten years of study by that body.

The plan was launched Monday when more than 10,000 licensed physicians in California received application blanks for membership.

At last night's meeting the county association voiced disapproval of any politically controlled system operated by governmental agencies, in the belief that such a plan would provoke an unusual increase in the tax burden on employees and employers and eventually on the property owner.

Personal choice of physician and possibly of hospital are provisions of the plan which, to facilitate organization, will at first be offered to employed groups, and later to individuals whether employed or not. Industrial accidents already provided for by the industrial commission will be excluded.

The service will be available for approximately \$2.50 per month per individual and will be payable to the California Physicians' Service with headquarters at 220 Montgomery Street, San Francisco. The Service is a voluntary, non-profit corporation.

Allen W. Widenham is general manager of the Service and Dr. Morton R. Gibbons of San Francisco is medical director. The president is Dr. Ray Lyman Wilbur of Stanford University.—*Fullerton News-Tribune*, March 8.

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Doctors Irked by Union Rule

Film Projector Men and Convention Officials in Mixup

St. Louis, March 25 (AP).—The country's medical men refuse to "play ball" with the unions—and the doctors have their dander up—there may be neither movies nor music at the American Medical Association convention here in May.

Restrictions laid down by the Moving Picture Operators' Union have brought loud protests from professional men who are planning scientific exhibits.

Union Demands

The Association has notified members that motion pictures may not be shown in booths unless the projector is operated by union men at \$1.50 an hour in four-hour shifts.

The only way an exhibitor could show his own pictures would be to display them in the general assembly hall, two stories above the exhibit room.

Ordinarily, the doctor who uses a film for demonstration has taken it himself, and shows it himself because he is familiar with the subject matter.

"Insane Condition"

One Medical Association officer declared it is the first time they have run into such a "perfectly insane" condition.

The union has suggested the various noncommercial films be "pooled" and run off together.

"The union is always ready to stretch a point on educational films," said Clyde Weston, business agent.

But this arrangement is not at all satisfactory to the doctors.

Public Benefit

They point out such meetings are exchanges of the latest information ultimately for public benefit, and that more and more scientists are relying on motion pictures to impart complex advances more clearly and accurately than long technical papers.

The Medical Association also has crossed swords with the Musicians' Union, which objects to plans for having a school band and choral group appear before the convention. During the past few months this group has interceded at a number of local functions and refused to let any musicians perform unless union bands were hired.—*Los Angeles Times*, March 26.

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Doctor Brinkley Tells Income Loss in Suit

Del Rio, Texas, March 24 (AP).—Dr. John R. Brinkley testified today in his \$250,000 libel suit against Dr. Morris Fishbein that his gross income dropped from around \$1,100,000 in 1937 to about \$810,000 in 1938 after publication of an article in the American Medical Association's journal, of which Doctor Fishbein is editor.

The specialist, who testified he performed about 5,000 goat-gland operations before he abandoned the use of animal glands in his sex rejuvenation medical treatments in 1933, was called as the first witness by the defense.

The bearded doctor began his testimony after a motion by Doctor Fishbein's attorneys to dismiss the case on a technicality was overruled by Federal Judge R. L. McMillan.

On direct testimony, Dr. Brinkley testified: "As far as I know, I am the man who originated the goat-gland operation." He said he performed the first operation at Milford, Kansas, in 1917.

He said before he began to advertise his operations recommending the implantation of goat, sheep, and monkey glands in impotent men, he was a member of the American Medical Association.

Subsequently he built a hospital at Del Rio, Texas, and moved from Kansas. He now operates two hospitals at Little Rock, Arkansas.

He said he formerly took the glands of three weeks old goats and implanted them in men, but since 1933 a commercial glandular preparation had been placed on the market and that he purchased it now.—*Los Angeles Evening Herald and Express*, March 24.

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Doctors Rap Health Bills

Proposals by State Called Socialistic at Association Meeting

Vigorous opposition to compulsory health insurance bills pending in the California Legislature which they hold will introduce a socialistic and European health system was voiced last night by speakers before an emergency meeting of the Los Angeles County Medical Association.

The meeting, called by the Association Council, headed by Dr. Ralph B. Eusden, was held in Polytechnic High School auditorium and brought out a record attendance of two thousand medical leaders.

Rising Vote

In a rising vote, called for by Dr. Lowell Goin, Speaker of the House of Delegates of the California Medical Association, an estimated two thousand physicians and surgeons registered their disapproval of the two pending measures.

The bills under fire are Senate Bill No. 1127 and Assembly Bill No. 2172. Dr. Samuel Ayers, Jr., who attacked the asserted bureaucratic powers which would be placed in the hands of laymen under the compulsory plan, said:

"Compulsory medicine, as provided in these bills, would result in perfunctory, unscientific, slap-dash services rendered by harried and underpaid doctors in crowded offices.

Unhappy Picture

"Increased taxes and the political spoils system would complete the unhappy picture.

"State control of medicine would be only the forerunner of state control of dentistry, then law, then the press, and, finally, labor. Then the picture of totalitarianism is complete.

"These bills are in no sense progressive legislation and have no place in the program of a progressive administration. It is unadulterated racketeering at the expense of an honest profession."

Steps Already Taken

Allen W. Widenham, general manager of the California Physicians' Service, said that organized medicine already has taken steps to provide adequate medical care in California.

He referred to the medical service sponsored last December by the California Medical Association, which is a voluntary health prepayment plan.

Dr. William H. Daniel, president of the Los Angeles County Medical Association, declaring the proposed legislation "vicious," said it would force on California an inferior grade of medicine, as has been the experience in Europe.

Interference Scored

He said:

"We, as an organized body of medical men, demand that we be allowed to continue the practice of medicine as it has been done, without any third party coming in between doctors and patients."—*Los Angeles Times*, March 24.

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Governor's Committee of Twenty-One

Sacramento, March 23 (AP).—Governor Olson today announced that C. J. Haggerty, State President of the A. F. L., and Phillip M. Connolly, State President of the C. I. O., have accepted places on his committee to study compulsory health insurance proposals.—*Los Angeles Times*, March 24.

Five Hundred Doctors Daily Joining California Physicians' Service

Prepayment Plan to Be Offered to Public Soon

Registration of licensed doctors in the newly formed California Physicians' Service is proceeding at the rate of more than five hundred per day, and the new "group prepayment medical, surgical and hospital service" will soon be offered to the public.

Dr. Ray Lyman Wilbur, President of the Service, made this announcement yesterday. The Service will permit wage-earners and other groups to pay small sums monthly in return for care by doctors and hospitals of their own choice when needed.

"The Service was launched only a week ago, when all doctors of medicine in the state were invited to become professional members," Doctor Wilbur said. "The response has been so enthusiastic we will be able to complete our organization sooner than expected and will soon proceed to the next step, the enrollment of beneficiary or patient members."—San Francisco *Examiner*, March 14.

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Nursing Bill Approved by Assembly Unit

Heated Debate Marks Capitol Hearing on Plan to Set Up State Board of Examiners

Examiner Bureau, Sacramento, March 17.—A bill to establish a state board of nurse examiners was recommended favorably today by an Assembly committee on medical and dental laws after a hearing marked by frequent clashes between opposing interests.

Acrimonious debate on the measure at times reached a pitch which brought hoots and boos from the hearing crowd, which included representatives of 27,000 registered nurses, favoring the proposal, and practical nurses, opposing it.

Spokesmen for chiropractors joined the practical nurses in fighting the bill, introduced by Assemblyman Melvyn I. Cronin of San Francisco.

State Nurses Approve

Support of the bill was led by Mrs. J. W. Gardner of Davis, representing the California State Nurses' Association. She explained the measure would create a board of five members under the jurisdiction of the State Department of Professional and Vocational Standards. All the members would be licensed nurses, and would be appointed by the Governor. Wide powers would be given the board to regulate the nursing profession, grant licenses to nurses, and accredit approved schools of nursing.

She declared that the prevalence of "correspondence school nurses, laxity in the present California law, numerous abuses in the name of the profession, and widespread exploitation of the public" make the bill necessary.

Stormy Session

At times, nurses who packed the hearing broke into demonstrations which forced Chairman Hugh M. Burns of Fresno to rap loudly for order.

Principal opponent of the bill was Maxine Alberts, president of the American Trained Association of Nurses, who declared the measure would "discriminate unfairly against trained practical nurses."

Dr. Junius B. Harris of Sacramento, head of the California Medical Association's legislative committee, presented seven suggested amendments to the bill. He accused the registered nurses of attempting to "tear down the whole edifice of nursing by trying to raise the standards of the profession too high, to a point where the average person would be unable to afford a nurse."

J. Vernon Burke of Labor's Non-Partisan League appeared to defend the bill, while Dr. W. Franklin Morris, representing the National Affiliated Chiropractors, declared it would throw hundreds of girl office attendants in chiropractors' offices out of work.—San Francisco *Examiner*, March 18.

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Health Service

Editor:—A few days ago there appeared in The San Francisco *News* a report of an interview with the undersigned on the subject of health insurance.

The interview opened with the declaration that the speaker was in favor of the supply of medical service to those of moderate means, no matter what form of financing was used. Through no fault of the interviewer, the meanings of these sentences were insufficiently expanded and clarified. The statement was intended to imply that any law covering the subject of so-called health insurance might advantageously provide for several forms of insurance financing. For instance: (1) A compulsory system financed on a capitation plan; (2) a voluntary system such as that

proposed by the California Medical Association, financed on a fee system, or if it was preferred by the sponsors, on a capitation system; (3) an insurance carrier system financed to provide cash indemnity and nothing else, and there are others which might advantageously be considered before the legislation is finally passed.

In a free economy, such as ours, no harm can come from a democratic inclusion of various ideas. Unquestionably, as has happened in England, the more practical plans in time will dominate to the exclusion of others.

The writer makes no claim to authority in this field; his only excuse for writing is an interest which has lasted for twenty-five years. His opinions are merely opinions. However, he is convinced that nothing could be more damaging to the public health than legislation which would impair the financial independence and the social authority of practicing physicians.—Langley Porter, M. D.—San Francisco *News*, March 6.

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New Bill to Curb Dope Sale Fraud

Wholesale Forgery of Prescriptions Revealed

Examiner Bureau, Sacramento, March 14.—Strong legislative safeguards were in process of preparation tonight following disclosures of wholesale forgeries of physicians' narcotics prescriptions.

Paul Madden, Chief of the State Division of Narcotics Enforcement, and Assemblyman Edward F. O'Day of San Francisco, serving his first term in the Legislature, took the lead in the legislative campaign to cut off this virtually uncontrolled source of supply to dope addicts.

Madden, appointed as successor to William G. Walker a month ago, said his investigations turned up "a situation where a tremendous amount of forged prescriptions on legitimate doctors were being passed to legitimate pharmacies."

"It is serious enough to demand immediate attention and legislative action," he explained.

Although the investigation is barely under way, Madden said one of a Los Angeles chain of pharmacies was discovered to have filled fifteen forged prescriptions. Both Madden and the Federal Narcotics Bureau have sent operatives to Los Angeles to continue the investigation.

"Heretofore, narcotics were issued by pharmacists on the strength of ordinary physicians' prescriptions," Madden explained. "It was comparatively simple for addicts to steal a pad of prescription blanks and obtain drugs almost at will."

"We have even found cases where the addict was having his own prescription blanks printed."

The measure O'Day will submit to the Legislature within a few days will provide for issuance of numbered prescription blanks by Madden's office. The blanks will be in triplicate form. One will be kept in the book by the issuing doctor and two will be turned over by the purchaser to the pharmacist, who will send one of the copies to the division, Madden said.

"This way, both the pharmacist and the physician will be given protection and the addict will be cut off," he said.

Madden said O'Day's bill will carry the unanimous backing of the State Board of Pharmacy and the Medical Association.

It will probably provide a misdemeanor penalty, with physicians or pharmacists subject to license revocation for violation of the law.—Los Angeles *Examiner*, March 15.

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Doctors Hold One Hundredth Session

Strides in Southland Medicine Discussed

For the one hundredth time in fifty years, the Southern California Medical Association convened yesterday to discuss advances that Southland medicine has made in the past six months.

The Los Angeles County Medical Association's headquarters at 1925 Wilshire Boulevard, was the site chosen for this semicentennial celebration of the doctors. The two-day session will close tonight at 8 o'clock with a joint meeting of the Southland and county medical groups.—Los Angeles *Times*, March 16.

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American Medical Association Head Denies Medical Monopoly

Five hundred physicians and surgeons returned to their Southland homes today after hearing a stinging indictment of the government's proposals for compulsory health insurance and socialized medicine delivered by Dr. Rock Sleyster at the concluding session of the joint semi-annual conference of the Los Angeles County and Southern California Medical Associations.

Doctor Sleyster of Wauwatosa, Wisconsin, is President-elect of the American Medical Association. Emphatically he denied that the American Medical Association is seeking

to maintain a medical monopoly and charged that the Government's move toward compulsory health insurance and socialized medicine was prompted by propagandists.

"Proponents are trying to create the impression that one-third of our population is without medical care and that through this breakdown there exists an emergency requiring further centralization at Washington," Doctor Sleyster declared.

"Reports of the United States Public Health Service and life insurance companies show the absurdity of these unsupported claims, appealing to the emotions and intended as a build-up for the adoption of European schemes which have all but wrecked medicine abroad."

The speaker denied that the medical profession is opposing plans to provide prepayment for medical care.

"Nothing could be farther from the truth," he declared. "More than three hundred different plans are now being tried out in this country with the full approval of the medical profession."

Concluding sectional meetings at the joint conference, held at 1925 Wilshire Boulevard, were devoted to the uses and dangers of the new drug, sulfanilamide. Papers on the topic were submitted by Dr. A. G. Bower, Chief of the Communicable Disease Division at Los Angeles General Hospital, and his associate, Dr. William J. Mitchell, Jr.—*Los Angeles Evening Herald and Express*, March 17.

United States Health Program Flayed American Medical Association Leader Calls Plans Communist

In case anybody thought the American Medical Association had bowed before the inevitable and was now ready to accept a nation-wide program of compulsory health insurance, he should have another think today.

For Dr. Rock Sleyster, President-elect of the American Medical Association, appeared before a Los Angeles medical audience last night and rang the same old tocsin.

Washington's plans for providing medical care to "one-third of a nation" which is not only ill clothed, ill housed and ill fed but also ill doctored or not doctored at all, are, in Doctor Sleyster's opinion, "socialistic and communistic doctrines."

The administration—a "political agency which has failed utterly to bring about prosperity"—is "threatening" to foist upon America "such a European political panacea as has all but wrecked medicine in those countries."

Doctor Sleyster spoke before some five hundred members of the Los Angeles County Medical Association and California Medical Association.

He told them that there was no breakdown of medical service in the United States, that there was no need for compulsory health insurance, that "absurd and unsupported claims, appealing to the emotions, are being used as a buildup for further centralization in Washington."

He said United States public health service records and life insurance records would show for 1938 the lowest mortality and lowest incidence of illness for the United States of any country at any time in history. "The medical profession is not, however, necessarily opposed to prepayment plans for medical care," he added. "More than three hundred different plans are being tried out with full approval of the medical profession."

"We do oppose plans which take away from the patient his American right to a free choice of physician. We oppose plans which will tend to create commercial groups each offering a little more for a little less—for this can only lead to an inferior quality of medical service—and cheap service is expensive service."

Dr. John C. Ruddock, President of the Southern California Medical Association, presided over last night's meeting. During the morning and afternoon sessions eight doctors read papers on recent advancements in medical science.—*Los Angeles Evening News*, March 17.

Leading Biologists to Meet at Stanford

Stanford University, March 19.—Four leading European biologists, including a Nobel prize winner, will participate in a conference marking the centennial of the cell theory here, starting June 5, it was announced today.

They are A. von Szent-Gyorgyi of Szeged, Hungary, awarded the Nobel prize in 1937 for having isolated vitamin C; Hugo Theorell of Stockholm, Sweden, noted for his work on the molecular structure of enzymes; J. D. Bernal of the University of London, England's greatest authority on the study of vitamins, viruses and proteins by x-ray methods, and A. J. Kluyver of Delft, Holland, prominent for revolutionizing scientific ideas about the role of oxygen in micro-organisms.—*San Francisco Chronicle*, March 20.

Health Conference

Dr. W. M. Dickie to Attend Meeting in Washington

Dr. W. M. Dickie, State Director of Public Health, will leave San Francisco next month to attend a conference in Washington called by Miss Katherine F. Lenroot, Chief, United States Children's Bureau, and Dr. Thomas Parran, United States Surgeon-General.

The conference, called to devise a national program for the extension of medical and health services, will be held April 20 to 25. Subjects for discussion will include proposed broadening of public health services, the merit system for public health employees, nutrition and diet deficiencies and the crippled children services of the Social Security Act.—*San Francisco News*, March 13.

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Pediatricians From Nine States to Attend Sessions in Oakland

Pediatricians from nine western states, Hawaii, Alberta and British Columbia will convene at Hotel Leamington, Oakland, April 6-8 for the annual meeting of Region VI of the American Academy of Pediatrics.

The academy, comprised of 1,257 child specialists in the United States, Canada and Hawaii, was founded in 1929.

An important aspect of the work of the doctor members is to coordinate child health services in each state and to act in an advisory capacity to Government agencies dealing with child welfare.

Chairmen of the local committees arranging for the meeting are Dr. Clifford Sweet, Oakland; Dr. Clarence B. Hills, Berkeley; Mrs. Lawrence R. Jacobus, Oakland; Dr. Robert S. Leet, Oakland; Dr. Henry E. Stafford, Oakland; Dr. A. L. Gleason, Oakland; Dr. Hubert E. Long, Berkeley, and Dr. Edith M. Meyers, Oakland.

School Principals to Meet Here

The state convention of the Association of California Secondary School Principals will be held here, April 3, 4 and 5, according to Harry G. Hansell, Secretary.

The meeting will be concurrent with the state conference of elementary school superintendents and principals in Oakland.—*San Francisco Chronicle*, March 20.

* * *

Roosevelt to Receive Report on Problem of California's Migrants

Representatives' Committee Declares Housing, Health, Education of Dust Bowl Refugees Transcends State Lines

A statement that the burden of caring for nearly a half-million migratory farm workers in California should be placed in Federal hands will be laid before President Roosevelt within the next few days, advices from Washington revealed today.

The report, prepared by a committee of California representatives for a subcommittee named by Mr. Roosevelt, declared the problems of housing, health and education of migrants transcends state lines and is of great importance to the nation at large.

The California members of the House gave unanimous approval. The report was released locally through the Farm Security Administration of the Department of Agriculture.

The report stresses the committee's belief that California should not be required to sacrifice its present high standards of wages, relief or old-age pensions by assuming more than its share in what is basically a great national problem.

Ready to Do Share

California stands ready to do its share, but despite the excellent work done by the Farm Security Administration and other agencies, the Federal Government has not yet assumed its fair share of the burden, the report declared.

A seven-point program arrived at by the special committee under the chairmanship of Representative Alfred J. Elliott, aided by Representatives Jerry Voorhis and Thomas F. Ford, has been passed on to a subcommittee appointed by President Roosevelt.

The presidential group includes Dr. Thomas Parran, United States Public Health Service; Dr. Will W. Alexander, Administrator of the Farm Security Administration; Arthur J. Altmeyer, Social Security Board, and A. D. Hollenbeck, United States Employment Service. W. F. Lawson, WPA Administrator for Northern California, will serve as an ex-officio member of the committee, which in turn is expected to submit further recommendations for the solution of the migratory labor problem.

The department heads have the report ready for submission to Mr. Roosevelt. It was whipped into shape at a meeting in Colonel Harrington's office Monday.

Rumors have been heard that the report will recommend additional WPA funds for California to put ten thousand more residents on rolls, in exchange for which the state

would be asked to aid migrants. An alternative proposal was for legislation providing that unemployed persons anywhere in the Southwest might be employable on any projects there.

Number Increasing

Despite the marked decline in the number of families of dust bowl refugees that have poured into California's great central valleys seeking agricultural employment during the past few years, the report reveals that "we probably have in the neighborhood of 150,000 to 250,000 floating families in our state who will remain there from now on. We also know, that in spite of anything that can be done, more people will come in the future."

In the San Joaquin Valley alone, the report estimates, that there are probably 25,000 people living in tents, old boxes, and every sort of improvised structures.

To meet the problems that the migratory workers have created, the report suggests an expansion of the Farm Placement Service so that migratory agricultural workers could be constantly in touch with employment opportunities and that they might be warned where there is an over-supply of farm labor in the fields.

FSA Expansion Urged

The expansion of the FSA program of settling people on small plots of land in regions where seasonable labor is available should also be furthered, the report recommends.

Health conditions were found to be "deplorable" among the migratory workers as studies during the past year revealed that there were 18,000 cases of undernourishment among the migrant children.

The steadily increasing load on local and county hospitals could be curtailed, the report suggested, through the expansion of the Agricultural Workers Health and Medical Association and further grants from the FSA, its parent organization.

The report likewise suggested that the establishment of clinics and emergency hospitals at the existing Federal camps for migrant workers would take a load from the shoulders of the small-town doctors and hospitals.

As a means of bringing immediate aid to undernourished migrant children, the report suggests that the Surplus Commodities Corporation furnish a balanced ration of foodstuffs to the State Relief Administration or to the FSA for distribution to the needy.

The combination of the FSA program for building camps for the migratory workers and the increased housing facilities supplied by the farmers has done much to help solve the housing problem of migrant workers, the report acknowledges, but it points out that the Federal camps should not only be built in California but in all sections of the nation where migratory agricultural labor is an important factor.

Admitting that the problem of educating the growing children of the wandering migratory workers is one of the most vexing and complicated ones that faces the authorities, the committee suggests a Federal bill to aid the children be passed.—San Francisco News, March 7.

* * *

Free Venereal Service Given 52,040 Monthly

California Second to Massachusetts in Providing Treatment

Medically indigent patients were given an average of 52,040 treatments for venereal disease each month during 1938 in California clinics and state institutions as part of the State Department of Public Health's venereal disease control program, department statistics showed today.

This placed California second among all the states in providing treatment for venereal disease patients who are unable to pay the cost of medical care. Massachusetts was listed as first by the United States Public Health Service in the number of clinic treatments, with a monthly average of 79,170, while New York came third with 51,746.

San Francisco Second to Los Angeles

In San Francisco, 125,124 clinic treatments were given last year. San Francisco was second only to Los Angeles, of California cities. Los Angeles gave 245,935.

In addition to the 624,450 treatments given last year in the clinics of California, Dr. W. M. Dickie, state health director, estimated that private physicians gave patients 1,580,000 treatments for syphilis and gonorrhea.

Free Drugs Given Doctors

Doctor Dickie pointed out that the State Department of Public Health distributes free antisyphilitic drugs to private physicians for the treatment of patients who are able to pay only part of the cost and for those who do not live near clinics.

At 680 Howard Street the San Francisco Health Department clinic for the diagnosis, treatment and prevention of syphilis was opened yesterday.—San Francisco News, March 7.

State Secretary Talks to Medics

Approval of California Physicians' Service Is Expressed in Talk

The background of organized medicine was described last night by Dr. George Kress of San Francisco, Secretary of the California State Medical Association, before thirty members of the Stanislaus County Medical Association meeting in Hotel Hughson.

Doctor Kress expressed himself highly in favor of the California Physicians' Service, a new voluntary health insurance program.

Quotes English Authority

The speaker quoted an English authority who said, following an extensive visit to this country, that socialized medicine could not work here because of the contrast in conditions in this country as compared with England and other parts of Europe.

Dr. A. E. Anderson of Fresno spoke briefly about the new medical program and outlined a county hospital bill, which is to come up before the State Legislature.

Will Form Auxiliary

During the business meeting it was decided by the members to organize a Woman's Auxiliary to the County Medical Association. An organization meeting will be held between now and May 1 so as to enable delegates from the auxiliary to attend the annual convention at Del Monte.

An Advisory Committee was appointed to supervise the organization of the Auxiliary, including Dr. R. Stewart Hiatt, Dr. E. R. McPheeters, Dr. Ernest G. Allen of Patterson, Dr. Marion Collins of Turlock, and Dr. Hoyt R. Gant of Modesto. Mrs. Gant was appointed to handle organization details. Modesto Bee and News Herald, March 11.

* * *

Flea Laboratory Baffles Plague

San Francisco Scientific Center, With Tests Given Rodents

On the hillside back of the University of California Hospital yesterday was opened, completely without ceremony, a little concrete building which might be called a monument to the flea.

It's a pretty grim monument, however, for of all the thousands of fleas already dwelling in it, and of all the hundreds of thousands which will enter it later, not one will emerge alive.

The building is dedicated to the halting of the sylvatic plague.

War on Disease

The sylvatic plague is a blood cousin to the bubonic plague, the dread "black plague," which one time spread a blanket of death over a huge portion of the civilized world, and even after the turn of this century, claimed literally millions of lives in the Orient.

The bubonic plague, modern science has learned, was spread by the flea, carried by rats. The sylvatic plague, too, is spread by fleas. In America, cases of infection have been rare, but the percentage of mortality after infection is perilously high.

But to bulwark against the day when the plague might rise up and strike down thousands, and to cut down the chances of that occurrence to the lowest possible fraction, medical science is making elaborate preparations.

Scientific Research

With the opening of the Hooper Foundation's "flea laboratory," made possible by a \$24,000 gift of the Rosenberg Foundation for research. San Francisco yesterday became the scientific center of the world in point of sylvatic plague lore.

Within the two-story concrete building are dozens of dozens of cages, containing every form of rodent from every spot in Western United States where plague has been found among the animals.

From the fur of these animals the fleas are industriously combed, deposited in covered jars and buckets, and allowed to live freely until their day of doom arrives.

Serum Made

On that day, the ill-fated flea is pulled from his habitat by a suction pump, killed and placed on a slide under a microscope. There, scientists skilled in the ways and looks of fleas can tell at a glance whether their subject be a human flea, dog-and-cat flea, squirrel flea or guinea pig flea.

Then this flea, with a crew of his luckless cronies, is mashed up and cooked into a serum, which is injected into a guinea pig. If the guinea pig comes down with the plague, it is a scientific triumph, for the experimenter, by consulting his case history, can tell what animal carried the flea, and where he came from.

This procedure, now in its infancy as applied to fleas and their "host" animals, will go forward swiftly in this new

ultra-modern laboratory. The result will be that very shortly, the Hooper Foundation scientists will be able to draw an accurate map of plague occurrence in the United States, point out precisely what agencies carry the disease, and take direct steps to eradicate the carriers.

And meanwhile, the flea is being given a degree of attention he never received before, in his escape-proof prison of which even the windows are double and rubber-sealed.

All Sterilized

What happens if a plague-bearing flea gets loose in the laboratory? He hasn't a chance. Everybody that comes out of the laboratory must strip, bathe, and put his clothing through a sterilizer. The floors and walls are gleaming white, to enable detection of any stray bug. And in event of real danger, the whole place can be shut off and poisonous vapor injected through vents in the heavy doors.

In this little scientific wonderhouse, almost any day from now on, you'll be able to find Dr. K. F. Meyer, head of the Hooper Foundation; Dr. Charles M. Wheeler, entomologist; Professor Maurice A. Stewart of the Agriculture School at Davis, and a couple of other specialists, all plotting the demise of the plague-bearing flea.—San Francisco *Examiner*, March 22.

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Mistakes in Social Security Law Told

With many groups clamoring for "freezing" or lowering of Social Security pay-roll taxes, the House Ways and Means Committee is now hearing testimony of experts in preparation for a decision on this issue, and expansion of the law. Future cost of the old-age annuity plan is one of the major problems being studied.

Washington, March 21.—Disclosure that serious errors were made by experts advising Congress when the far-flung Social Security Act was enacted, today raised pending revision of the law to the status of a major congressional issue.

While friends of the system declared that, even if errors were made in charting the future cost of the plan, it still is sound, its critics called for a complete reexamination of the entire system.

The House Ways and Means Committee, following recent testimony of Dr. E. E. Witte of Wisconsin University, chief administration witness when the law was enacted in 1935, planned further investigation into future costs of the old-age annuity plan which affects more than 30,000,000 people.

Foresee General Levy

When the old-age annuity plan was adopted, with both worker and employer paying pay-roll taxes to build up a reserve fund out of which to pay pensions to those over 65, it was estimated that the plan would be self-sustaining for at least thirty years.

Payroll taxes, beginning at 1 per cent each and rising to 3 per cent each in 1949, were levied to finance the system. The basis of the actuaries, according to Doctor Witte, is now shown to be in error.

A general levy of government taxes to help support the system, it is now estimated, may come much earlier than was expected. Eventual cost of old-age pensions is expected to equal a pay-roll tax of 10 to 13 per cent.

Errors of Experts Listed

Errors of actuarial experts listed by Doctor Witte, executive director of the Committee for Economic Security, which recommended the Social Security Act, included:

1. Whereas actuaries estimated 6,000,000 would draw benefits in 1980, new estimates indicate that 13,000,000 will be eligible for pensions.

2. The national birthrate is declining much more rapidly than was shown in figures on which experts based estimates. This means greater proportion of old people in the future.

3. People will live longer than the figures of from 10 to 15 years ago indicated for the future.

4. Old-age annuity pay-roll taxes were based upon an average wage of \$1,100 a year. In 1937 the average was only \$867.

5. Error was made in calculating the number of persons in exempted occupations who would work part of time in covered occupations, and thus become eligible for benefits.

All of these factors, it was explained, mean that the future cost of old-age annuities will be far greater than was anticipated.

May Have to Levy Taxes

The result is that, unless pay-roll taxes are increased, the government may be confronted in the future with the necessity of levying taxes to support the aged, which will either cause collapse of the system or interfere with the credit of the government.

The situation was cited by various congressional groups to push their own plans of revising the Social Security Act.

Administration leaders declared that testimony of Doctor Witte, who vigorously defended the Social Security Act, shows the necessity of keeping the present pay-roll taxes and letting the future increases go into effect. They insist that it wipes out the Republicans' claim that the huge reserve fund being built up in the early years of the law is unnecessary.

Rep. Jenkins, Republican of Ohio, a member of the Ways and Means Committee, declared that the disclosure shows "the fallacy of the present plan and that Congress must adopt a pay-as-you-go policy." — Los Angeles *Evening Herald and Express*, March 21.

* * *

"Man on Street" May Get Aid When Sick Under New Health Bill

Washington, March 21 (AP).—The man on the street, who seldom thinks about his health until he gets sick, may find the state and federal governments looking out for his interests if Congress approves a bill of Senator Wagner, Democrat of New York.

Wagner's measure, introduced after President Roosevelt advocated study of the nation's health needs, would authorize an appropriation of \$92,000,000 next year for grants to states. The states would be required to match the federal funds on a ratio varying with their financial resources.

Senator Wagner explained today that it would be up to the states to decide who would get medical and hospital care and how much—whether such aid should be limited to the indigent or whether all could share in it on a contributing basis.

Draft Own Rules

Under the broad terms of his bill, states must comply with certain regulations to obtain federal aid. Beyond that, however, they could draft their own rules.

If a state wished to institute a health insurance program, under which workers could contribute a specified amount each week toward the cost of obtaining medical or hospital care when they need it, the state would be at liberty to do so.

If, on the other hand, the state desired to extend such aid only to the poor, it would have that right.

The bill would broaden the program of maternal and child health functions now carried on under the Social Security Act. It would supplement existing appropriations for the medical care of crippled children.

Enlarge Health Service

Public health services would be enlarged, especially in rural and slum areas. States would receive grants to expand hospitals and health centers. Funds for state payments of disability compensation would be authorized.

In effect, Wagner explained, this would call for establishment of "sickness insurance," by which a worker could obtain funds to defray medical and hospital costs while he was ill.

The method of establishing such insurance, like other proposals in the bill, would be left largely to the discretion of the states.

Delay Consideration

Wagner said that under no circumstances would the federal government "go into the business of furnishing medical care or interfere with the states in the licensing of medical or other practitioners."

The American Medical Association has approved the broad objectives of the health report which Roosevelt submitted to Congress, but has criticized some of the details.

Congress has shown no disposition to act quickly on the Wagner bill, and in some quarters it was believed that consideration might be deferred until next year.—Los Angeles *Evening Herald and Express*, March 21.

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Drive Against Infantile Paralysis Nets \$126,504 for Southland

Southern California raised \$126,504.97 for the 1939 infantile paralysis drive just ended.

This was revealed by Joseph M. Schenck, general chairman for California, in submitting his report at a luncheon tendered to the advisory committee at the Twentieth Century-Fox studios yesterday.

Contributions for 1939 were 65 per cent above last year's campaign, with Los Angeles County going 79 per cent above last year, the chairman's report showed.

Special praise was given to the campaign conducted in Los Angeles County, for which Sheriff Biscailuz was county chairman, and to Joseph Scott, Southern California chairman. A total of \$107,707.68 was raised in this county. Los Angeles County will have as its share to spend during the coming year the sum of \$47,974.21, and \$56,346.69 will be turned over by the Southern California committee to the National Foundation for Research, Medical Supplies and Reapportionment of Local Relief.

Mr. Schenck also announced that the advisory committee will have complete authority in the administration of infantile paralysis relief funds in this county.

Members of this advisory committee are Norman Chandler, Mrs. James K. Lytle, Victor H. Rossetti, Joseph Scott, Dr. Harlan G. Shoemaker and Bishop Bertrand W. Stevens. F. L. Metzler, treasurer of the fund, also was present at yesterday's luncheon.

The work by drive leaders in other Southern California counties also was lauded, with Mr. Schenck announcing that checks will go forward immediately to the chairmen of the various other Southern California counties for the proportionate share raised in those counties. Aside from Los Angeles County, where the advisory committee administers relief funds, county chairmen will have charge of relief disbursements in their districts, it was stated.—Los Angeles Times, March 16.

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Second Jury Disagrees in Chiropractor Case

Whether a chiropractor may attend a woman in childbirth is still a moot point in California jurisprudence.

After deliberating for two days, the second jury trying Dr. David C. Long, a chiropractor, on a charge of violating the Medical Practice Act, reported that it was deadlocked, 6 to 6. The jury was dismissed and Municipal Judge Harold P. Landreth ordered Doctor Long to trial again on April 14.

At the first trial the jury was deadlocked 10 to 2 for acquittal.

The case against Doctor Long is based on delivery of a child to Mrs. Wilton Whitehouse of 1224 West Slauson Avenue.

The city attorney's office contends *delivery of a child constitutes surgery, which chiropractors are forbidden to practice in California.*

Doctor Long contends that such treatment is not surgery and produced numerous chiropractors who testified that they attended women in childbirth and always had considered such treatment within the realm of chiropractors. One chiropractor testified that he had delivered 1,000 children without the death of a child or mother.

The case is attracting much attention among chiropractors because the decision will determine whether or not they are permitted to attend expectant mothers.—Los Angeles Herald and Express, March 15.

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American Plan of Federal Aid Needed

The national health program prepared by the Interdepartmental Committee to Coordinate Health and Welfare Activities, and submitted to Congress by the President with a recommendation for "careful study," seems in most part to be soundly conceived.

Its objective, as the President stated it, is "to make available in all parts of our country and for all groups of our people the scientific knowledge and skill at our command to prevent and care for sickness and disability."

To accomplish this, the committee (again in the words of the President) "does not propose a great expansion of Federal health service. It recommends that plans be worked out and administered by states and localities with the assistance of Federal grants-in-aid."

The President correctly foresees that the country, in entire agreement with the objective of the program, would draw back from only one threatened phase of it.

That is the danger of another enormously expensive and enormously inefficient and enormously wasteful and extravagant arm of bureaucracy being attached to the body of government.

Of course, all the people, regardless of means, ought to have the full benefit of the full resources of medical science.

Of course, there ought to be a sufficient number of competent doctors and adequate hospital facilities in every community to maintain public health.

Of course, communities unable to support adequate health facilities must have assistance.

And of course, the Federal Government ought to give such assistance.

Public health is inseparable from public welfare, and the Federal Government can no more be indifferent to inadequate health facilities than it could be negligent in the face of invasion or disaster or any other menace to public safety and security.

But the necessity for a national health program should not be an excuse for setting up new bureaucratic agencies of waste and extravagance, of money-plunder and job-plunder.

It should not be an excuse for starting out on another socialistic or communistic experiment.

Too many Federal experiments have started out with good intentions and objectives, only to turn into socialistic and communistic failures.

Too many of them get out of the hands of people with good intentions and into the hands of people with fantastic theories and selfish purposes.

The national health program has apparently been launched on a sound, helpful American course and should be kept on that course.

The desire of the country is not socialized medicine, but Americanized medicine.

The desire of the country is expansion of health services and facilities, as the President says, "to all groups of our people," not socialistic regimentation of either doctors or the sick.

Through well ordered and well planned Federal grants-in-aid, as the committee suggests, no American community need be without competent health services and adequate health facilities, and no part of our people need be denied their rightful chance for health.

* * *

Reveal 50,646 Age Pensioners in County

According to a report made public today by the California Taxpayers Association, old age aid was extended to 50,646 persons in Los Angeles County last December. In dollars and cents, the aid to the needy aged in the county for that month totaled \$1,633,490, which amounted to an average payment per individual of \$32.25 for the month, the report stated.

Over California as a whole, old age assistance payments were granted to 125,270 aged persons during December. This, the association stated, represents approximately 27 per cent of the population in the State more than 65 years of age and amounted to a total aid extended for the month of \$4,062,915, or an average of \$32.43 per person aided.

The cost of old age in California for 1938 will total nearly \$50,000,000, the association declared, pointing out that this represents about a tenth of the total cost of State and local government. The cost, according to the Taxpayers Association, for 1938 will be divided \$20,607,341 from Federal funds, \$20,464,769 from the State, and \$8,464,769 from the counties.

Since July, 1930, the number of persons receiving old age assistance in California has increased steadily from 2,542 to the 125,270 aided in December, 1938, the association stated. Average aid per person went from \$22.08 for 1930 to \$32.33 for 1938, and the cost of the total aid granted went from \$641,102 for 1929-1930 to an estimated \$49,536,879 for 1938-1939. The causes for these tremendous increases, the association declared, are the liberalizations made in the eligibility requirements and the increases in individual benefits.—Los Angeles Evening Herald and Express, February 27.

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Lowest Rate of Sickness Is Cited

Doctors Praised by Dr. Rock Sleyster, President-Elect of American Medical Association

Hits Compulsory Medical Plans

As in grandfather's day, the "family doctor" remains the best consultant for the average man, and his good work has done much to make America the healthiest of all nations, in the opinion of Dr. Rock Sleyster of Wisconsin, President-Elect of the American Medical Association, who is a winter guest at the Huntington Hotel.

Twelve Years of Service

Doctor Sleyster, who lives in Wauwatosa, Milwaukee suburb, is a former president of the Wisconsin Medical Association. He takes office as president of the American Medical Association, whose 120,000 members embrace all branches of medicine, at the Society's St. Louis convention in the spring. He was honored with the presidency of this large organization after serving twelve years as chairman of its Board of Trustees.

A man of lively intellect and great charm of manner, Doctor Sleyster today, in an interview, discussed current views of orthodox medicine and his own viewpoint on moot questions involving the profession.

"We are opposed," he said, "to national socialized medicine or compulsory health insurance and believe that the problems of the cost of medical care for the low-income groups and indigents can best be solved by arrangements in different localities.

He understood, he said, that the California Medical Association had a very good plan.

"Politics" Opposed

Objections to medical service administered by government was that it would develop "political doctors" and that the spirit and initiative of the medical profession would be impaired.

Doctor Sleyster also stated that medical costs often are needlessly excessive, because people demand so much, and that this tendency has helped promote the notion that all medical service costs too much.

"You know we have become rather spoiled as a people; everybody demands the best, and as much as possible of that," he said. "The best way for the average American family to keep the cost of sickness down is to consult the family doctor. Notwithstanding the rise of specialists, he remains the backbone of the medical profession. He is a good man, a neighbor, and he can tell what should be done. He will not incur extra expense for the family unless it is absolutely necessary."

Help Spread False Idea

Yet there are some people—and a great many of them can afford it—who demand all the tests and treatments modern medical science has evolved; even those who shop around from office to office. These well-to-do hypochondriacs have helped spread the idea that medical service costs too much, he said.

But it was true, said Doctor Sleyster, that use, when necessary, of x-rays and other scientific equipment and hospitalization did make sickness an economic hardship for many families in low-income groups, and for their benefit the medical profession was eager to work out plans whereby costs could be minimized.

Doctor Sleyster was, however, indignant at "propaganda" being disseminated against the medical profession as now constituted by proponents of compulsory health insurance, socialized medicine and kindred plans.

"The charge of propagandists that last year 40,000,000 Americans had to go without medical care because they had no money is utterly ridiculous," said Doctor Sleyster. He was particularly hurt by it not only because the figure was absurd, but because no account was taken of the millions of hours of time and service contributed, free, by doctors in every community, to poor.

Cites Low Death Rate

"The absurdity of such propaganda may be judged," he continued, "by the fact that the statistics of two great health fact-finding bodies, the United States Public Health Service and the Metropolitan Life Insurance Company, showed that the year 1938, in the United States, showed the lowest incidence of sickness in the whole history of any nation; also the lowest death rate. Moreover, the average death rate of sixty-two years showed the biggest step yet in advancing man's span of life."

Doctor Sleyster admitted that it was ironical that the sciences of medicine and sanitation had made human beings live longer, only to have them pose a new economic problem. "We have so much agitation over old-age pensions because we have so many more old people than we used to have," he remarked.

To Speak to Doctors

The new leader of the medical association is scheduled to talk before the Los Angeles County Medical Association on March 15. His topic will be "Socialized Medicine."—Pasadena *Star-News*, March 1.

* * *

Would Change System of County Hospitalization

County hospitals in California should be opened up to all classes of citizens, Mrs. T. N. Price, state chairman of the Farm Home Department of the Farm Bureaus, informed the directors of the San Luis Obispo County Farm Bureau in session Saturday.

Seeking the enactment of legislation affecting hospitals and state medicine, Mrs. Sims said the Farm Bureaus of the state wanted the county hospitals open to indigents who cannot pay, to citizens who can partially pay, to citizens who can totally pay. Mrs. Sims said the Farm Bureaus also wanted full-time superintendents to be appointed to devote all their time and attention to the hospital and not engage in private practice. These superintendents, she said, should either be under the direction of the county boards of supervisors or county welfare boards. Patients, she explained, should, however, be able to select their own favorite physicians to treat them in the county hospitals.

Mrs. Sims also said the Farm Bureaus were interested in the compulsory health insurance proposals, specifically one that provides for cash benefits as well as hospitalization.—San Luis Obispo *Independent*, March 3.

LETTERS

Subject: Hospital facilities in the United States.*

(COPY)

Chicago, Illinois, March 16, 1939.

To the Editor:—There are 1,272 counties without general hospitals registered by the American Medical Association. Of these 1,272 counties, approximately 250 have general hospitals not registered by the A. M. A.

Of the 1,196 counties without a registered hospital of any variety, 659 counties are entirely within a radius of thirty miles of a registered general hospital in neighboring counties.

There are only twenty-seven counties no part of which is within thirty miles of a registered general hospital. The population of these counties is 181,484.

Five hundred and ten counties lie in part within and in part without a circle of a thirty-mile radius surrounding existing registered general hospital facilities. Assuming that the population of these 510 counties is, on the average, half within and half without the thirty-mile radius, we have 2,691,288. Adding to this the 181,484 in the twenty-seven counties previously mentioned, we have 2,872,712 persons, or 2.2 per cent of the total population of the United States living more than thirty miles from a registered hospital.

In a like manner, in California the counties of Alpine, Mono and Lake, without a registered hospital within their borders, have approximately 4,500 persons more than thirty miles from a registered hospital.

We are assembling further material and shall forward it as soon as it is ready. Also, for your further information, I am enclosing a copy of "The Health of Forty Million People."

535 North Dearborn Street.

Sincerely yours,

R. G. LELAND, M. D.,
Director, Bureau of Medical Economics.

Subject: Foreign medical school graduates in California.

DEPARTMENT OF PROFESSIONAL AND VOCATIONAL
STANDARDS

BOARD OF MEDICAL EXAMINERS
STATE OF CALIFORNIA

San Francisco, California,

March 11, 1939.

To the Editor:—Enclosed please find Attorney-General's Opinion NS-1508, dated March 9, 1939, re foreign medical school graduates, which we think will be of interest to readers of CALIFORNIA AND WESTERN MEDICINE.

With kindest personal regards, believe me

Very truly yours,

C. B. PINKHAM, M. D.,
Secretary-Treasurer.

(COPY)

San Francisco, March 9, 1939.

Charles B. Pinkham, M.D.
Secretary-Treasurer
Board of Medical Examiners
515 Van Ness Avenue
San Francisco, California
Dear Sir:

In your communication of December 27, 1938, you refer to an applicant for medical licensure who, you state, graduated from Frederick-Wilhelm University in Berlin, Germany, June 6, 1919, and who filed, on February 1, 1938,

* In reply to a letter from the Editor.